



Fact Sheet:



Facts and Figures on Youth Heroin Use

This fact sheet provides available data for youth ages 12 to 25 years.

Highlights

Heroin is an addictive narcotic derived from the opium poppy. It is the most widely abused and most rapidly acting of the opiates. Heroin is processed from morphine, a natural substance extracted from the seed pod of certain varieties of the poppy plants. It can be injected, smoked, or sniffed/snorted*.

The long-range health consequences of chronic heroin use include addiction, collapsed veins, infection of the heart lining and valves, abscesses, cellulitis, liver disease, HIV, Hepatitis B and C, and necrotizing fasciitis (flesh-eating bacteria).

*National Institute on Drug Abuse, Heroin Abuse and Addiction Research Report, May 2005.

History

The opium poppy, referred to as *joy plant*, was cultivated in Sumer (modern Iraq) as early as 3400 B.C., and subsequently in Egypt. It was introduced to India and Persia in about 330 B.C. by Alexander the Great.

South and Southwest Asia (Afghanistan, Pakistan, and India) produce about 90% of the world's heroin. Southeast Asia (Burma, Thailand, and Laos) and Mexico produce the remainder.

Opium smoking in China dates to the late 17th century, when Dutch traders introduced opium, tobacco, and pipes.

Two derivatives of opium, morphine and heroin, became widely used for the treatment of pain by the medical profession. Morphine was first isolated from opium in 1803 and was used as a common medical treatment for a variety of complaints and erroneously as a cure for opium addiction.

In 1874, heroin was produced as a non-addictive alternative to morphine. In 1875, San Francisco instituted the first known anti-narcotics law in the U.S., an ordinance against opium dens. In 1898, heroin was marketed as an oral cough suppressant. By 1910, heroin had supplanted opium and cocaine as the most commonly abused drug in the U.S and was outlawed in 1924.

National Data

- The National Study on Drug Use and Health (NSDUH) reports that lifetime heroin use among persons aged 12-17 year was 0.2% in 2006. For the 18-25 age group lifetime use was 1.6% in 2006.
- The percentage of 8th, 10th, and 12th graders who had used heroin at some time in their lives was 1.4% in 2006, as stated in the Monitoring the Future, a national youth survey.
- There were 7,626 admissions to publicly monitored treatment for heroin in the 15-19 year-old age group. This accounted for three percent of all admissions. Heroin admissions for the age groups 20-24 and 25-29 totaled 72,451 for a total of 28.5 percent of all admissions in

- the Treatment Episode Data Set (TEDS)*.
- For all ages the primary route of administration was by injection (63%) and 33 percent reported inhaling as the route of administration, while only two percent reported smoking

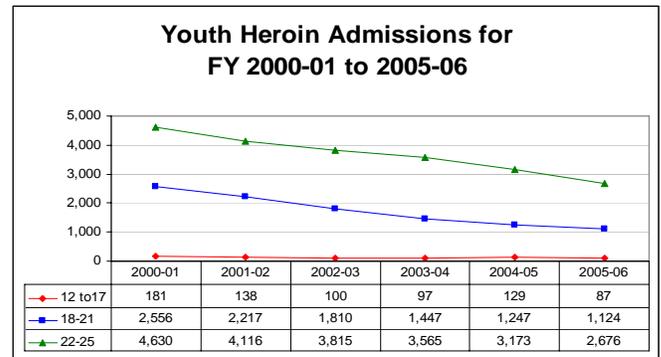
California Data

- The 2005-2006 California Student Survey reports that 2.3% of 9th graders and 1.9% of 11th graders had used heroin at some time in their lives.
- In fiscal year 2006-07, there were 3,683 admissions to publicly funded treatment in California in the age group 12-25 with heroin as the primary drug. Of those, 78 percent were 21-25, and 20 percent were 18-20 years old. The remaining two percent were under 18 years of age.**
- Twenty percent of heroin admissions for those aged 12 to 25 reported no use during the 30 days prior to admission. Forty-six percent reported daily or 29-30 times use in the month prior to admission.
- The primary and secondary routes of administration of heroin were by injection (72%) and smoking (21%) respectively.

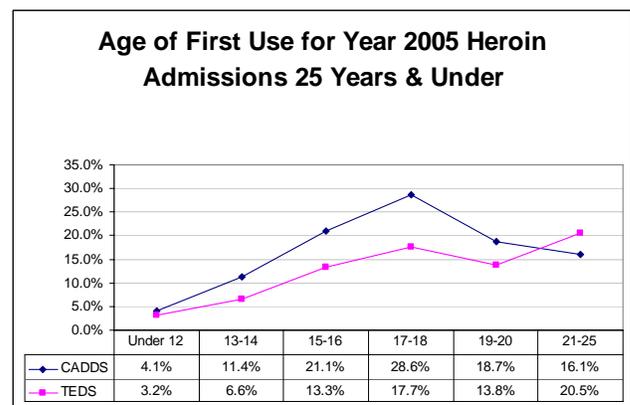
* TEDS is an admission-based system and does not represent individuals. For example, an individual admitted to treatment twice within a calendar year would be counted as two admissions.

** Source of data is CalOMS for Calendar Year 2006. For the purpose of this fact sheet represents admissions and not individual clients. For example, an individual admitted to treatment twice in the same year would be counted as two admissions.

- Heroin admissions to treatment between 2000 and 2006 are stable or decreasing in the 12-25 age groups in California (California Alcohol and Drugs Data System, CADDs). The chart below shows heroin treatment admissions declining at a higher rate for ages 18 to 25 compared to the 12 to 17 age group.



- The chart below compares youth heroin data from CADDs and TEDS for the age of first use of heroin by age groups. The data indicates that California youth begin heroin use at a younger age than youth nationally.



Note: TEDS data in the chart above includes California data.